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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735463 (2)

1. Corporation Name

CENTRAL FLORIDA CHAPTER 16, DISABLED AMERICAN VETERANS, INCORPORATION

Principal Place of Business	Mailing Address
2040 W CENTRAL BLVD. CHAPT 16 ORLANDO FL 32805	2040 W CENTRAL BLVD. CHAPT 16 ORLANDO FL 32805

3. Date Incorporated or Qualified: 04/02/1976

4. FEI Number: 59-6196589 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

9. Name and Address of Current Registered Agent

~~BERG, ALLEN E~~ MARY L Redding
2040 W. CENTRAL BLVD.
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Mary L Redding 2-16-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P Director	☒ Change ☐ Addition
NAME	SIPE, JOHN W. ALLEN		1.2 NAME	ROGER E YOST	
STREET ADDRESS	4027 KINGSBRIDE DR		1.3 STREET ADDRESS	1215 LAKEVIEW AV	
CITY-ST-ZIP	ORLANDO LF		1.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	VP	☒ DELETE	2.1 TITLE	VP Director	☒ Change ☐ Addition
NAME	FELICIANO, ISIDR		2.2 NAME	FELICIANO ISIDR	
STREET ADDRESS	9104 VALENCA COLLEGE		2.3 STREET ADDRESS	9104 Valenca College	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL	
TITLE	TD	☒ DELETE	3.1 TITLE	TD Trustee	☒ Change ☐ Addition
NAME	BREG, ABAMME.		3.2 NAME	MARY L Redding	
STREET ADDRESS	7900 CAPTAIN MOROGAN BLVD		3.3 STREET ADDRESS	9972 Kendal DR	
CITY-ST-ZIP	ORLANO FL		3.4 CITY-ST-ZIP	Orlando FL 32817	
TITLE	D	☒ DELETE	4.1 TITLE	D Trustee	☒ Change ☐ Addition
NAME	SIPE, JOHN W.		4.2 NAME	HARRY C Williams	
STREET ADDRESS	4027 KINGSBRIDGE DR		4.3 STREET ADDRESS	1420 Asher LN	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32823	
TITLE		☐ DELETE	5.1 TITLE	Director VP	☐ Change ☒ Addition
NAME			5.2 NAME	Daniel Kensak	
STREET ADDRESS			5.3 STREET ADDRESS	9972 Kendal DR	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando FL 32817	
TITLE		☐ DELETE	6.1 TITLE	Trustee	☐ Change ☒ Addition
NAME			6.2 NAME	Jim Sursely 2040 W Central Blvd	
STREET ADDRESS			6.3 STREET ADDRESS	P.O. BX 667 Orlando, FL 32805	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	APOPKA, FL 32704	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roger E. Yost Roger E Yost 1-22-98 352-394-4637